



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re U.S. Patent Application of)
MACHIDA ET AL.) Art Unit 2815
Application Number: 10/583,862)
Filed: June 21, 2006) Examiner
For: DEVICE AND METHOD OF) Allan R. Wilson
MANUFACTURING THE SAME)
Attorney Docket No. ASAM.0205)

Commissioner of Patents
P.O. Box 1450
Alexandria, VA 22313-1450

COVER LETTER

Sir:

The fee for submission of claims is calculated as shown below:

FOR	TOTAL WITH NEW CLAIMS ADDED	TOTAL CURRENTLY ON FILE	CLAIMS ALREADY PAID	RATE	CALCULATION
Total Claims	6	8	14 (Over 20)	x \$52	0
Independent Claims	2	1	(Over 3)	x \$220	0
MULTIPLE DEPENDENT CLAIM(S)				+ \$390	0
REDUCTION FOR FILING BY SMALL ENTITY (note 37 C.F.R. §§ 1.9, 1.27, 1.28).				x ½	
			TOTAL		\$0

In addition, the below-identified communications are submitted in the above-captioned application or proceeding:

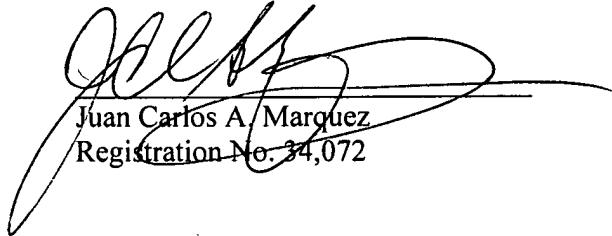
<input checked="" type="checkbox"/> Response and Amendment to Office Action (with claim amendments)	<input checked="" type="checkbox"/> Petition for Extension of Time 1 months
<input type="checkbox"/> Terminal Disclaimer	<input type="checkbox"/> Information Disclosure Statement
<input type="checkbox"/> Preliminary Amendment	<input type="checkbox"/> Letter to Draftsperson with ___ sheets of replacement drawings
<input type="checkbox"/> Other: _____	<input type="checkbox"/> RCE

Please charge my **Deposit Account Number** _____ in the amount of _____ to cover the fees for _____.

Credit card information for **\$130.00** to cover the one-month extension fee is enclosed.

The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees under 37 C.F.R. § 1.16 and 1.17, or credit any overpayment to **Deposit Account Number 12-0555**.

Respectfully submitted,



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